

Beginning the Dialysis Adventure

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Have you been told you may need to start dialysis soon? Although starting on dialysis can be a very strenuous time in your life, you will also start to feel better. Usually, people who start dialysis are uremic, psychologically stunned, medically compromised and just plain old “out of sorts.” And the last thing you want to do is to fill out forms. Perhaps it will be easier to complete forms, read information from your healthcare team and get additional tests or vaccinations if you understand their purpose.

Your dialysis team wants to provide you with the best care possible. To do that, outpatient dialysis units have numerous Medicare standards to meet. Dialysis facilities have to comply with local, State and Federal rules and laws which were developed for your safety and quality of care.

The Federal regulations that govern dialysis clinics are known as the **End Stage Renal Disease – Conditions for Coverage**. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf>

In these series of articles, we intend to create a time line for all the information that Medicare wants dialysis units to educate you on. The purpose of this education is to keep you fully informed and “engaged” in decisions about your healthcare. You are an important member of your health care team!

IN THE FIRST WEEK OF DIALYSIS:

A. Tests and Vaccinations

PPD Skin Test: Done initially and only repeated if clinically necessary. It is a test that determines if you have been exposed to tuberculosis (TB). Both patients and staff receive annual PPD Skin Tests.

PNEUMOCOCCAL VACCINE: CDC recommends initial vaccines and then revaccination five years later, until the age of 65 years old. Pneumococcal Disease can lead to pneumonia, meningitis and sepsis.

HEPATITIS B VACCINATION: A vaccination for those who are not immune to Hepatitis B. Admission blood work will determine if you will need the vaccine. Hepatitis is a virus infection that causes liver disease. It is spread by contact with the blood of an infected person.

B. Be informed of Your Patient Rights

This Condition requires your dialysis unit to provide respect, privacy, information, and appropriate services for their patients. You will also receive information about how to file a complaint/grievance either at your unit or with an outside agency.

The dialysis facility must inform patients (or their representatives) of their rights (including their privacy rights) and responsibilities when they begin their treatment (within 6 treatments) and must protect and provide for the exercise of those rights. This is often repeated annually in many facilities.

Standard: Patients’ rights. The patient has the right to:

1. Respect, dignity, and recognition of his or her individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD;
2. Receive all information in a way that he or she can understand;
3. Privacy and confidentiality in all aspects of treatment;
4. Privacy and confidentiality in personal medical records;
5. Be informed about and participate, if desired, in all aspects of his or her care, and be informed of the right to refuse treatment, to discontinue treatment, and to refuse to participate in research;
6. Be informed about his or her right to execute advance directives, and the facility’s policy regarding advance directives;
7. Be informed about all treatment modalities and settings, including but not limited to, transplantation, home dialysis modalities (home hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis), and in-facility hemodialysis. The patient has the right to receive resource information for dialysis modalities not offered by the facility, including information about alternative scheduling options for working patients;
8. Be informed of facility policies regarding patient care, including, but not limited to, isolation of patients;
9. Be informed of facility policies regarding the reuse of dialysis supplies, including hemodialyzers;
10. Be informed by the physician, nurse practitioner, clinical nurse specialist, or physician’s assistant treating the patient for ESRD of his or her own medical status as

documented in the patient’s medical record, unless the medical record contains a documented contraindication;

11. Be informed of services available in the facility and charges for services not covered under Medicare;
12. Receive the necessary services outlined in the patient plan of care described in § 494.90;
13. Be informed of the rules and expectations of the facility regarding patient conduct and responsibilities;
14. Be informed of the facility’s internal grievance process;
15. Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State survey agency;
16. Be informed of his or her right to file internal grievances or external grievances or both without reprisal or denial of services;
17. Be informed that he or she may file internal or external grievances, personally, anonymously or through a representative of the patient’s choosing.

Standard: Right to be informed regarding the facility’s discharge and transfer policies. The patient has the right to –

1. Be informed of the facility’s policies for transfer, routine or involuntary discharge, and discontinuation of services to patients; and
2. Receive written notice 30 days in advance of an involuntary discharge, after the facility follows the involuntary discharge procedures described in § 494.180(f)(4). In the case of immediate threats to the health and safety of others, an abbreviated discharge procedure may be allowed.

Standard: Posting of Rights. The dialysis facility must prominently display a copy of the patient’s rights in the facility, including the current State agency and ESRD Network mailing addresses and telephone complaint numbers, where it can be easily seen and read by patients.

For a full explanation of these rights you can click the link below and review pages 175 – 185.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf>

WOW! That is a lot of information to absorb in the first two weeks of being on dialysis. However, don’t panic. Take your time and review the material that has been provided to you by your dialysis unit. Feel free to ask them questions to get a better understanding of the information. Once again, the purpose of all this information is to make sure you are an educated consumer who can participate in their treatment planning.

Next issue we will cover: **IN THE FIRST 90 DAYS OF DIALYSIS!** ●